

# THE SUPREME COURT *of* OHIO

COMMISSION ON APPOINTMENT OF COUNSEL IN CAPITAL CASES

\_\_\_\_\_  
Attorney Name

**NOTICE OF TERMINATION  
OF CAPITAL CASE  
CERTIFICATION**  
Appt.Coun.R. Sec. 3

\_\_\_\_\_  
Attorney Registration No.

I hereby request to terminate my certification as Trial Lead Counsel/ Trial Co-Counsel/ Appellate Counsel/ and/or Dual Certification, effective \_\_\_\_\_.  
*Date (month, day, year)*

I acknowledge that upon termination of my certification, I shall not be eligible to accept future appointments as counsel for indigent defendants in capital cases.

I further acknowledge that in order to seek reinstatement of my certification for appointment as counsel for indigent defendants in capital cases, I must submit a new application demonstrating that I am in compliance with the applicable training requirements.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date